POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W. H		07/24/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T A.	7. (844)	10x 107(0)
RESPONSE FORMALITY REVIEW	AT	1071	11/6/01
	-// · · ·		- NO.

	INDEX OF	CLAIMS	4000		
/	Rejected	N		Available	IC20
=	Allowed	F	Interference		42QA
_	(Through numeral) Canceled	Α	Appeal		•
	D = -1-1-1-1	^	Objected		

÷ Restricted 0 Objected							
Claim	Date	Claim	Date	Claim	Date		
Final Original		Final Original		Final Original			
10=		51		101			
22		52		102			
3 3		53		103			
ÿ 4		54		104			
5 5	 	55		105			
6 6	 	56		106			
7 7	 	57		107			
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9 9		59		109	- - - - - - - - - - - - - -		
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		62		112			
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14 14	++++	64		114			
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17 17		67		117			
:4 18		68		118			
19 19		69		119			
20 20 =		70		120			
21		71		121			
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23		73		123			
24	 	74		124			
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27		77		127			
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46	 	96		146			
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48	+++++	98		148			
49	 	99		149			
50 .		100		150			

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

125 18